



Assessments: Timelining Meeting Preparation guidance for attendees

The purpose of the multi-agency timelining meeting is for all professionals involved with the child to share information. The information will be documented on a timeline from pre-birth to the child's current age. Particular focus will be on the child's early years (0-5 years). Professionals will complete a developmental mapping exercise to collectively assess the child's physical, cognitive, emotional and social development and assess where they are on the Trauma Recovery Model (Skuse and Matthew, 2015). The meeting will be facilitated by the lead YOT worker.

The meeting will take approximately two hours.

Before the Timelining Meeting

The YOT case manager should invite all professionals involved with the child. This would usually include (but is not confined to) YOT specialist workers, representatives from Children's Services, Police (usually the Police Officer seconded to the YOT), staff from care placements, education, training placements, CAMHS, and any other voluntary agencies involved with the child.

Where the meeting is facilitated in a face to face manner the case manager should ensure a room with a long table is available for at least two hours. Alternatively, the meeting can be facilitated via video conferencing where an electronic timeline will be completed.

The YOT case manager should have completed an AssetPlus including the timelining exercise in Explanations and Conclusions or a prevention assessment that includes a timeline of significant events.

The case manager does not need to write a report for the purpose of the multi-agency timelining meetings. However, copies of pre-existing reports/assessments can be useful. It is recognised that for some children there will be circumstances that will result in gaps in information that is has not been able to obtain; the meeting can usually proceed with the information that is available.

The case manager should advise other agencies what information to bring to the meeting (see below).

The case manager should consider their existing intervention plan and the specific requirements of statutory orders and any specific questions they have about delivering the plan.

Focus of partner agency Information

Examples of the information agencies who have known/worked with the child and their family might bring are listed below. However, this list is not exhaustive, as cases need to be considered on an individual basis. There is no need for partner agencies to write reports specifically for the

purpose of the formulation meeting, information can be presented verbally. However, copies of existing reports are useful. Practitioners do not need to duplicate information that will be provided by another agency:

Children's services - a written chronology relating to the child/family (particularly the child's early years where available), information relating to the family history (parents experience of trauma/adversity, age at time of birth), history of safeguarding concerns, changes in living arrangements, care placements, dates of registration, legal status and the current care plan.

Family support professionals - family history, safeguarding concerns, significant events, disclosures, family dynamics, strengths and the current plan.

Care home professionals – incident reports, current behaviour, significant events, disclosures, safeguarding concerns, strengths, likes, dislikes and the current plan.

Health professionals - Health Visitor notes (where available), CAMHS referrals/assessments, information regarding any diagnosis/medication and assessment of physical development.

Police – offending history of family members/persons that the child has lived with or had significant contact with particularly during their early years.

Education/training professionals – start/end dates of attendance at different educational establishments, information on attendance and behaviour, speech, language and communication difficulties, Educational Psychologist reports, any assessments relating to cognitive ability, strengths and the current plan. Variations in the child's behaviour with different people/settings/lessons/breaks. The provisions response to behaviours displayed.

Substance misuse professional – assessment of current substance misuse, any significant information disclosed and the current plan.

Diversion officers – child's likes, dislikes, strengths, engagement.

Timelining Meeting Agenda

1. **Welcome** by the Chair and clarification of the purpose of the meeting
2. **Introductions** of those present (where necessary), complete attendance sheet (name, role, agency, involvement with child/family)
3. **Case manager outlines the case history** in brief (15 mins maximum). Areas to consider:
 - a. **Family tree** (including sibling dates of birth)
 - b. **Conception, pre-natal-phase** – mother's circumstances, age, difficulties, support
 - c. **Birth** method, complications for baby or mother
 - d. **Early years** milestones, relationships, availability of caregivers physically/emotionally
 - e. **Parental issues:** e.g. mental health, substance misuse, relationship changes
 - f. **Household issues:** domestic violence, criminality, incarceration
 - g. **Child protection concerns/registration** - dates and reasons, interventions
 - h. **Trauma** (known and/or suspected): physical abuse, sexual abuse, neglect, emotional abuse
 - i. **Significant life events:** e.g. bereavements, other losses
 - j. **Accommodation**, child looked after, placement changes, house moves, periods with family/friends
 - k. **School**, changes of school, academic progress, exclusions, friends, additional learning needs, attendance
 - l. **Key relationships** and supports
 - m. **Support around transitions**
 - n. **Other** head injury, speech and language difficulties, ill health
 - o. **Offences/events** (dates, offence/s, outcome/s)
 - p. **Interaction with services/staff** (consistency and quality)
 - q. **Child's strengths**, interests, positive personality traits, skills,
 - r. **System strengths**, family support, availability of statutory resources, positive friends
 - s. **Current status/concerns**, mental health, offending, exploitation, risk taking
 - t. **Current interventions**
4. **Additional information** about the child or family presented by others/supplementary questions
5. **Estimate developmental age** as a group
 - i. Physical
 - ii. Social
 - iii. Cognitive
 - iv. Emotional
6. Assess where the child is currently located on the **Trauma Recovery Model**
 - i. Presentation
 - ii. Underlying need
 - iii. Intervention
7. Professionals share their existing plans.
8. **Set review and supervision dates** (date, time, location)